

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 14, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Hydrocodone/APAP, Duragesic patch, Promethazine, and Amitriptylin rendered from 7/11/03 through 5/18/04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the Hydrocodone/APAP, Duragesic patch, Promethazine, and Amitriptylin.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 7/11/03 through 5/18/04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 29th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo
Enclosure: IRO decision

October 27, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:

TWCC #:

MDR Tracking #: M5-04-3702-01

IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy board certified in anesthesiology and specialized in chronic pain management. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

- Disputed services with medication receipts
- Office notes – C. Schade M.D., 2004, 2000, 1999, 1996
- Psych. Eval. Report – Julie Duncan, Ph.D.
- Operative report – office notes and correspondence – M. Marshall M.D., 1993, 1992
- Office notes – Rolling Hills Chiropractic 1992
- Impairment Rating – J. Cable M.D. 1993
- Office notes – J. McDonnel M.D. 1993
- Correspondence – G. Medley 1997
- Review – M. McHenry M.D. 2003
- Liberty Mutual Correspondence 2003

CLINICAL HISTORY

A work related lifting incident of ____ resulted in a two-level lumbar disc disruption. The patient was treated by conservative means and went on to have two lumbar surgeries. Pain complaints continued in spite of ongoing therapy. C. Schade M.D. reported the patient's condition as post

laminectomy syndrome requiring continued medical management for adequate pain treatment. The necessity of prescription medication is the subject of this review.

DISPUTED SERVICES

Under dispute is the medical necessity of Hydrocodone/apap, Duragesic patch, Promethazine and Amitriptylin from 07/11/03 through 05/18/04.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Post-lumbar laminectomy pain/chronic pain syndrome is not rare. These cases frequently require chronic medical therapy including but not limited to neuromodulatory drugs, antidepressants, narcotic analgesics and non-steroidal anti-inflammatory drugs. With post lumbar surgery complaints involving lumbar fibrosis/epiduritis and radiculitis, multipronged approaches to pain management are often required. This patient reports decreased levels of pain and improved function with Dr. Schade's treatment regime. Review indicates that ongoing pain issues are resultant from the initial disc disruptions on ____ and the surgery (ies) to help correct that problem.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director